

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: POLYMERS WITH SOFT SEGMENTS
CONTAINING SILANE-CONTAINING
GROUPS, MEDICAL DEVICES, AND
METHODS
Attorney Docket Number:: P-10908.00

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Michael
Middle Name:: E
Family Name:: BENZ
City of Residence:: Ramsey
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 15410 Hematite Street NW
City of Mailing Address:: Ramsey
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55303

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Christopher
Middle Name:: M
Family Name:: HOBOT
City of Residence:: Tonka Bay
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 40 Pleasant Lane W
City of Mailing Address:: Tonka Bay

State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55331

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Kelvin
Family Name:: BONNEMA
City of Residence:: Brooklyn Park
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 128 75th Ave. No.
City of Mailing Address:: Brooklyn Park
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55444

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Randall
Middle Name:: V
Family Name:: SPARER
City of Residence:: Andover
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 13522 Gladiola Street NW
City of Mailing Address:: Andover
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55304

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/459,299	04/01/03
This Application	Non-Provisional of	60/411,818	09/17/02

ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.
Street of Mailing Address:: 710 Medtronic Parkway NE
City of Mailing Address:: Minneapolis
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55432